

| UTILITY PATENT APPLICATION TRANSMITTAL (Only for new non-provisional applications under 37 CFR 1.53(b)) | | Attorney Docket No. 09792909-5704 First Named Inventor or Application Identifier Tsuyoshi Ogawa Express Mail Label No: EV328248507US | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|------------------|-----------|------------------------|------------------|----------|------------------------|--------------|--|----|---|---------|---------|--------------------|--|---|---|-------|---------|--|---|--|--|--------|--|--|--|--|--|-----------|----------|
| ADDRESS TO: Mail Stop: Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | ACCOMPANYING APPLICATION PARTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. <input checked="" type="checkbox"/> Specification Total Pages <u>76</u> 2. <input checked="" type="checkbox"/> Drawing(s) (35USC 113) Total Pages <u>37</u> 3. <input checked="" type="checkbox"/> Declaration and Power of Attorney Total Pages <u>3</u> a. <input type="checkbox"/> Unexecuted(original or copy) b. <input type="checkbox"/> Copy from prior application (37CFR 1.63(d)) (for continuation/divisional with Box 14 completed) [Note Box 4 Below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting Inventor(s) named in the prior appln. see 37 CFR 1.63(d)(2) and 1.33(b). 4. <input type="checkbox"/> Incorporation By Reference (usable if Box 3b is checked) The entire disclosure of the prior application, from which a Copy of the oath or declaration is supplied under Box 3b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | 5. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documentation) <u>Sony Corporation</u> 6. <input type="checkbox"/> Letter under 37 CFR 1.41(c). 7. <input type="checkbox"/> English Translation Document to follow (if applicable) 8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 9. <input type="checkbox"/> Preliminary Amendment 10. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 11. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior Application, Status still proper and desired 12. <input checked="" type="checkbox"/> Certified copy(ies) of Japanese priority application(s) No(s). P2002-309977 filed October 24, 2002. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <input type="checkbox"/> of application No: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLAIMS AS FILED <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 20%;">(1) FOR</th> <th style="width: 20%;">(2) NUMBER FILED</th> <th style="width: 20%;">(3) NUMBER EXTRA</th> <th style="width: 15%;">(4) RATE</th> <th style="width: 20%;">(5) BASIC FEE \$770.00</th> </tr> </thead> <tbody> <tr> <td style="background-color: #cccccc;">TOTAL CLAIMS</td> <td></td> <td style="text-align: center;">25</td> <td style="text-align: center;">5</td> <td style="text-align: center;">\$18.00</td> <td style="text-align: center;">\$90.00</td> </tr> <tr> <td style="background-color: #cccccc;">INDEPENDENT CLAIMS</td> <td></td> <td style="text-align: center;">4</td> <td style="text-align: center;">1</td> <td style="text-align: center;">86.00</td> <td style="text-align: center;">\$86.00</td> </tr> <tr> <td style="background-color: #cccccc;"></td> <td colspan="3"> ANY MULTIPLE DEPENDENT CLAIMS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </td> <td style="text-align: center;">290.00</td> <td></td> </tr> <tr> <td style="background-color: #cccccc;"></td> <td colspan="3"></td> <td style="text-align: center;">TOTAL FEE</td> <td style="text-align: center;">\$946.00</td> </tr> </tbody> </table> | | | | (1) FOR | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE | (5) BASIC FEE \$770.00 | TOTAL CLAIMS | | 25 | 5 | \$18.00 | \$90.00 | INDEPENDENT CLAIMS | | 4 | 1 | 86.00 | \$86.00 | | ANY MULTIPLE DEPENDENT CLAIMS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | 290.00 | | | | | | TOTAL FEE | \$946.00 |
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| | | | | TOTAL FEE | \$946.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required in connection with this application, or credit any overpayment to ACCOUNT NO. 19-3140. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Please charge attorney's firm American Express Account No. <u>378571697401002</u> in the amount of \$ <u>946.00</u> to cover the above fees. PTO Form 2038 is enclosed for that purpose. <input type="checkbox"/> A check in the amount of \$ to cover the filing fee is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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